

Application Data Sheet**Application Information**

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | SURROGATE CELL GENE EXPRESSION SIGNATURES FOR EVALUATING THE PHYSICAL STATE OF A SUBJECT |
| Attorney Docket Number:: | 02420/100M850-US1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 6 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|-----------------------------------------|-----------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United Kingdom |
| Status:: | Full Capacity |
| Given Name:: | Catherine |
| Family Name:: | Clelland |
| City of Residence:: | New York |
| State or Province of Residence:: | NY |
| Country of Residence:: | US |
| Street of mailing address:: | 87 Attorney Street, Apt. 2A |
| City of mailing address:: | New York |
| State or Province of mailing address:: | NY |
| Postal or Zip Code of mailing address:: | 10002 |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: F.
Middle Name:: Carter
Family Name:: Bancroft
City of Residence:: Huntington
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 51 Dewey Street
City of mailing address:: Huntington
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 11743

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: James
Family Name:: Clelland
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 87 Attorney Street, Apt. 2A
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10002

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

| | | | |
|------------------|---------------------------------------------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/US04/16365 | 05/24/04 |
| PCT/US04/16365 | An application claiming the benefit under 35 USC 119(e) | 60/473,089 | 05/23/03 |

Foreign Priority Information

Assignee Information

Assignee name:: Mount Sinai School of Medicine of New York
University
Street of mailing address:: One Gustave L. Levy Place
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10029

Assignee name:: Research Foundation for Mental Hygiene
Street of mailing address:: 150 Broadway
Suite 301
City of mailing address:: Menands
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 12204